

(b) Health is a State subject and as per mandate of Implementation Framework of NRHM, States are authorized to design and implement local and context specific innovations in partnership with NGOs.

#### **Primary healthcare system**

4225. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Governments has come across a recent working paper by the Centre of Globalization and Sustainable Development, terming India's primary healthcare system as dysfunctional;

(b) whether the Economic Survey 2009-10 highlights a shortage of 20,486 subcentres, 4477 primary health centres and 2337 community health centres based on 2001 population norm;

(c) whether only 13 percent of the rural residents have access to Primary Health Centre (PHC), 33 percent to a sub-centre, 9.6 percent to a hospital and 28.3 percent to a dispensary or clinic; and

(d) if so, what are Government's comments thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The report had said that since the launch of the National Rural Health Mission (NRHM) on April 12, 2005 by Dr. Manmohan Singh, Prime Minister of India, undoubtedly the Mission has achieved a great deal, especially in the area of putting in place an ASHA for every 1,000 population; creating greater awareness about ante-natal care, institutional delivery, post-natal care, and child immunization; raising institutional deliveries; raising the number of out-patients being provided with healthcare services in the health facilities; providing united funds at all levels of facilities; and providing the much needed flexibility for outreach of services, and so on. These are all very commendable achievements. However, the scale of the challenge that remains is immense, but so too, we believe is India's capacity.

(b) Yes.

(c) No.

(d) Does not arise.

#### **HIV infections cases in iron-ore mining areas**

4226. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether health experts serving in the iron-ore mining hub from Noamundi in Jharkhand to Badbil in Orissa have expressed concern over HIV positive cases in mining areas as reported in certain sections of the print media;

- (b) if so, the details thereof;
- (c) the reasons for which HIV positive cases are increasing in the said areas; and
- (d) what steps Government proposes to protect the population and mining workers in these areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) There have been some concerns regarding HIV infection in the specified mining areas of Orissa and Jharkhand.

In Noamundi (Jharkhand), as per the information from 3 Integrated Counseling and Testing Centers (ICTC) located near the mining area 21 HIV positive 21 HIV positives were detected of approx. 6300 people tested during the last one year. In the Integrated Counseling and Testing Center located at Badbil (Orissa) only one HIV Positive was detected in the last one year.

(c) Does to continuous demand of labourers there is a large migration of males in these areas which increases their vulnerability of getting infected with HIV through unsafe sex.

(d) In Badbil, a Targeted Intervention (TI) Project is being implemented for migrants to create awareness regarding the modes of HIV transmission and methods of prevention from HIV and other sexually transmitted infections. Linkage with ICTC for HIV counseling and testing is being strengthened for awareness generation. Two ICTCs have also been established to increase the accessibility of HIV counseling and testing services in the areas.

In Noamundi, 3 ICTCs are functioning surrounding the iron-ore mining area. Two more facilities are being setup at 24x7 PHCs. The Medical Officers of all PHCs/CHCs and ANMs are sensitized from time to time about HIV services. Awareness generation campaign have also been organized among the migrants workers, labour union, leaders, traditional religious leaders, police personnel and general community through IEC van called Zindagi Zindabad.

#### **Evaluation of tobacco control legislations**

4227. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether after enactment of Cigarette and Other Tobacco Products, Act (COTPA), 2003 and implementation of National Tobacco Control Programme, Government has any mechanism to measure the enforcement of the laws *i.e.* ban of smoking at public places, ban on sale near educational institutes, implementation of pictorial health warnings, etc.;